

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/319,478 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
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47							97						
48							98						
49							99						
50							100						
AL	5	↓	5	↓		↓	TOTAL IND.		↓		↓		↓
AL	9	↓	9	↓		↓	TOTAL DEP.		↓		↓		↓
AL	14		14				TOTAL CLAIMS						